

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D
NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

396903 [

OMB Number:

umber: 3235-0076

OMB APPROVAL

Expires:

April 30, 2008

Estimated average burden hours per response

16.00



Name of Offering (check if this is an amendment and name has changed, and indicate change.) Sale of Limited Partnership Interests in EQA Global Macro Fund, L.P. Filing under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Type of Filing: New Filing Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) EQA Global Macro Fund, L.P. Address of Executive Offices (Number and Street, City, State, Zip Code) 1055 Washington Boulevard, Suite 600, Stamford, CT 06901 Telephone Number (Including Area Code) (203) 276-3800 Telephone Number (Including Area Code) (if different from Executive Offices) Brief Description of Business Investments in securities. Type of Business Organization corporation limited partnership, already formed other (please specify): APR 2 3 2007 business trust limited partnership, to be formed Actual or Estimated Date of Incorporation or Organization: Amonth Year Year Thomson	L,
A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) EQA Global Macro Fund, L.P. Address of Executive Offices (Number and Street, City, State, Zip Code) 1055 Washington Boulevard, Suite 600, Stamford, CT 06901 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Brief Description of Business Investments in securities. Type of Business Organization corporation limited partnership, already formed other (please specify): APR 2 3 2007 human Limited partnership, to be formed THOMSON ENANCIAL	• · · · · · · · · · · · · · · · · · · ·
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□ corporation □ limited partnership, already formed □ other (please specify): APR 2 3 2007 □ business trust □ limited partnership, to be formed ■ THOMSON FINANCIAL	Brief Description of Business Investments in securities. PROCESSED
□ business trust □ limited partnership, to be formed ■ THOMSON ■ MONTH YEAR ■ FINANCIAL	Type of Business Organization
MONTH YEAR _ FINANCIAL	☐ corporation ☐ limited partnership, already formed ☐ other (please specify): APR 2 3 2007
MONTH YEAR _ FINANCIAL	☐ business trust ☐ limited partnership, to be formed ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Jurisdiction of Incorporation or Organization: (Enter two- letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)	Actual or Estimated Date of Incorporation or Organization: Jurisdiction of Incorporation or Organization: (Enter two- letter U.S. Postal Service abbreviation for State:

General Instructions

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on the ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.



		A. BASIC IDENT	IFICATION DATA		
	of the issuer, if				peneficial owner having the securities of the issuer;
issuers; and		ector of corporate issue		eral managing pa	rtners of partnership
		artnership of partnershi	<u> </u>		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	☑ General and/or Managing Partner
Full Name (Last name first, if ind EQA Partners, L.P.	ividual)				
Business or Residence Address 1055 Washington Boulevar		and Street, City, State, Zitamford, CT 06901	p Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☑ General and/or Managing Partner of General Partner
Full Name (Last name first, if ind EQA Partners, L.L.C.	lividual)				
Business or Residence Address 1055 Washington Boulevar	(Number d, Suite 600, S	and Street, City, State, Zitamford, CT 06901	p Code)		
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	☑ Executive Officer of General Partner	Director	General and/or Managing Partner
Full Name (Last name first, if ind Alper, Andrew	lividual)				
Business or Residence Address 10 Gracie Square, Apt. 625		and Street, City, State, Zi 10028	p Code)		
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if ind Alper, Sharon	lividual)				
Business or Residence Address 10 Gracie Square, Apt. 625		and Street, City, State, Zi 10028	p Code)	•	
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer of General Partner	Director	General and/or Managing Partner
Full Name (Last name first, if ind Putnam, Bluford	ividual)				
Business or Residence Address c/o EQA Partners, L.P., 105		and Street, City, State, Zi Boulevard, Suite 600			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer of General Partner	Director	☐ General and/or Managing Partner
Full Name (Last name first, if ind Breslow, Richard	lividual)				
Business or Residence Address clo EQA Partners, L.P., 105		and Street, City, State, Zi Boulevard, Suite 600			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if ind	lividual)		· · · · · · ·		
Business or Residence Address	(Number	and Street, City, State, Z	p Code)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if ind	lividual)				
Business or Residence Address	(Number	and Street, City, State, Z	p Code)		
	(Use blank sh	neet, or copy and use addi	tional copies of this sheet	as necessary.)	

	B. INFORMATION ABOUT OFFERING		
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	Yes	No
	Answer also in Appendix, Column 2, if filing under ULOE.	_	_
2.	What is the minimum investment that will be accepted from any individual?	\$ 2,50	0,000
3.	Does the offering permit joint ownership of a single unit?	Yes ⊠	No □
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchases in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.	N/A	
Full	l Name (Last name first, if individual)		
Bus	siness or Residence Address (Number and Street, City, State, Zip Code)		
Nar	me of Associated Broker or Dealer	_	
	ites in Which Person Listed Has Solicited or Intends to Solicit Purchasers		otoo
[ÀL]		☐ All St II] ☐ IS] ☐	ID] [MO]
[IL] [MT] [RI]	Ć (NA) [(HO) [(DM) [(DM) [(YM) [(MM] [(LM] [(HM] [(VM] [(\$M] [(\$M]	M	[PA]
	Name (Last name first, if individual)		
Bus	siness or Residence Address (Number and Street, City, State, Zip Code)		
 Nar	me of Associated Broker or Dealer		
	ites in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
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[IL] [MT]	O D DION CHOI CON	IS]	[MO] []
[RI] Full	□ [SC] □ [SD] □ [TN] □ [TX] □ [UT] □ [VT] □ [VA] □ [WA] □ [WV] □ [WI] □ [M I Name (Last name first, if individual)	M LI	[PR]
Bus	siness or Residence Address (Number and Street, City, State, Zip Code)	-	
Nar	me of Associated Broker or Dealer		
	ntes in Which Person Listed Has Solicited or Intends to Solicit Purchasers neck "All States" or check individual States)	☐ All St	ates
(Cn [AL] [IL]	\square [AK] \square [AZ] \square [AR] \square [CA] \square [CO] \square [CT] \square [DE] \square [DC] \square [FI] \square [GA] \square [H		(ID) [MO]
[MT] [RI] [RI]		3332	[PA]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggregate	Amount Aiready
	Type of Security	Offering Price	Sold
	Debt	\$	\$
	Equity	\$	\$
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$2,500,000	\$ <u>2,500,000</u>
	Other (Specify)	\$	\$
	Total	\$ <u>2,500,000</u>	\$ <u>2,500,000</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number of Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	<u>2</u>	\$ <u>2,500,000</u>
	Non-accredited investors	0	\$ <u>0</u>
	Total (for filing under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
		Type of	Dollar Amount
	Type of offering	Security	Sold
	Rule 505Regulation A	 	\$
	· ·		₽
	Rule 504.		Φ \$
	Total.		Ψ
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees.] \$ <u>0</u>

Transfer Agent's Fees	 \$ <u>0</u>
Printing and Engraving Costs	
Legal Fees.	
Accounting Fees.	
Engineering Fees.	 \$ <u>0</u>
Sales Commissions (specify finders' fees separately)	 \$ <u>0</u>
Other Expenses (identify)	 \$ <u>0</u>
Total	

Enter the difference between the aggregate offering price given in response to Part C-Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."

\$2,450,000

	C. OFFERING PR	ICE, NUMBER OF INVESTORS, EXPENSES A	ND USE OF	PROCEEDS	
5 .	used for each of the purposes shown estimate and check the box to the left	isted gross proceeds to the issuer used or propo . If the amount for any purpose is not known, full t of the estimate. The total of the payments liste to the issuer set forth in response to Part C- Que	rnish an d must		
	25010.			Payments to Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees		🗆 \$	<u>0</u>	□ \$ <u>0</u>
	Purchase of real estate		🗆 \$	<u>o</u>	□ \$ <u>0</u>
	Purchase, rental or leasing and i	nstallation of machinery and equipment	🗆 \$	Ō	□ \$ <u>0</u>
	Acquisition of other business (inc	ouildings and facilitiestilestiles	ering	<u>0</u>	□ \$ <u>0</u>
				<u>o</u>	□ \$ <u>0</u>
	Repayment of indebtedness		🗆 \$	<u>o</u>	□ \$ <u>0</u>
	Working capital		🗆 \$	<u>0</u>	□ \$ <u>0</u>
	Other (specify): Investments in s	ecurities	🗆 \$	<u>o</u>	\$2,450,000
	Column Totals		🗆 \$	<u>o</u>	\$2,450,000
	Total Payments Listed (column to	otals added)		\$2,450,0	<u>000</u>
		D. FEDERAL SIGNATURE		********	
oll	owing signature constitutes an underta	be signed by the undersigned duly authorized po- king by the issuer to furnish to the U.S. Securities ed by the issuer to any non-accredited investor p	es and Excha	ange Commissior	n, upon written
	uer (Print or Type)	Signature	Date	, ,	
EQ	A Global Macro Fund, L.P.	Sels Plan		4/5/0	7
	me of Signer (Print or Type) hard Breslow	Title of Signer (Print or Type) Chief Investment Officer of EQA Partner	s, L.P., the (General Partner	
	Intentional misstatements or omiss	ATTENTION sions of fact constitute federal criminal violat	ions. (See 1	8 U.S.C. 1001.)	
	. ,		1,2,2,		

E. STATE SIGNATURE

Is any party described in 17 CFR 230.262 presently subject to any disqualification provisions of such rule? 1.

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No X

See Appendix, Column 5, for state response.

- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a 2. notice on Form D (17 CFR 239.500) at such times as required by state law
- The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished 3. by the issuer to offerees.
- The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the 4. Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.
- The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its 5. behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
EQA Global Macro Fund, L.P.	Lew Bly	4/5/07
Name (Print or Type)	Title (Print or Type)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Richard Breslow	Chief Investment Officer of EQA Partner	s, L.P., the General Partner

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

_	_	_	_	 	
	п.	-	_	 DI	•

1	Intend to r accre	to sell non- edited s in State -Item1)	3 Type of Security and aggregate offering price offered in state (Part C-Item 1)		Type of inv amount purch (Part C-	vestor and ased in State Item 2)		Disqual under Sta (if yes, explan	ification ate ULOE attach ation of granted)
	·			Number of		Number of Non- Accredited			
State	Yes	No		Accredited Investors	Amount	Investors	Amount	Yes	No
AL					\$		\$		
AK					\$		\$		
AZ					\$		\$		
AR					\$		\$		
CA					\$		\$		
СО					\$		\$		
СТ					\$		\$		
DE					\$		\$		
DC					\$		\$		
FL					\$		\$		
GA					\$		\$		
н					\$		\$		
ID					\$	j	\$		
IL					\$		\$		
1N					\$		\$		
IA				·	\$		\$		
KS					\$:	\$		
KY					\$		\$		
LA					\$		\$		
ME					\$		\$		
MD					\$		\$		
МА					\$	-	\$		
MI					\$		\$		
MN					\$		\$		
MS					\$		\$		
МО					\$		\$		

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Α	PPENDIX	

[1]		2	3			4			5
-	to a accre investors	I to sell non- edited s in State	Type of Security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				under Sta (if yes, explant waiver (ification ate ULOE attach ation of granted) -Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
MT					\$		\$		
NE					\$		\$		
NV					\$		\$		
NH					\$		\$		
NJ					\$		\$		
NM					\$		\$		
NY		Ø	limited partnership interests \$2,500,000	2	\$2,500,000	0	\$ <u>0</u>		
NC					\$		\$		
ND					\$		\$		
ОН					\$		\$		
ок					\$		\$		
OR					\$		\$		
PA					\$		\$		
RI					\$		\$		
sc					\$		\$		
SD					\$		\$		
TN					\$		\$		
ТХ					\$		\$		
UT					\$		\$		
VT					\$		<u> </u>		
VA					\$		\$		
WA					\$,	<u> </u>		
w					\$		\$		
WI					\$		\$		
WY					\$		<u> </u>		
PR					\$		\$		
Other					\$		\$		

